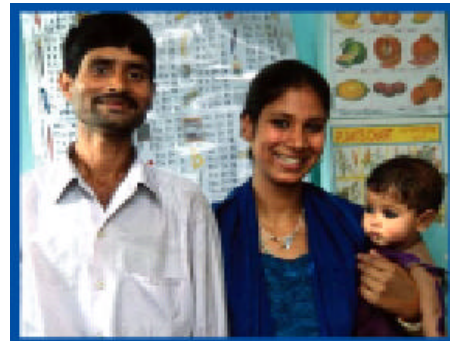
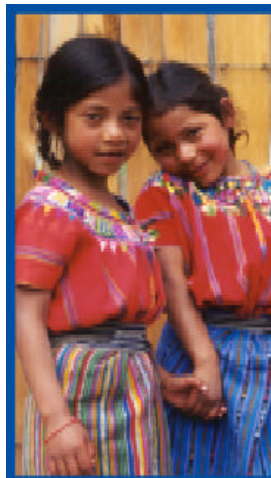


# Future Directions for PVO and NGO Reproductive Health Programs

January 22-23, 2003  
Washington, DC



ENABLING CHANGE FOR WOMEN'S REPRODUCTIVE HEALTH

## Future Directions for PVO and NGO Reproductive Health Programs

This report summarizes the recommendations of participants in the conference on **PVO/NGO Contributions to Reproductive Health and Family Planning Programs**, held on January 22-23, 2003 in Washington, DC. The conference was co-sponsored by three projects funded by the U.S. Agency for International Development (USAID):

- **NGO Networks for Health**
- **CARE/Management of Reproductive Risks (MoRR)**, and
- **CEDPA/Enabling Change for Women's Reproductive Health (ENABLE)**

At USAID's request, the three projects, which end in 2003, collaborated to organize the conference. USAID had grouped the three projects under the same results framework, so it was logical to present their results together in order to facilitate comparisons in their approaches and share lessons from the three projects.

The conference's four major objectives were to:

- Demonstrate the contributions that PVOs/NGOs<sup>1</sup> make to reproductive health/family planning programs.
- Show how PVO/NGO RH/FP programs work at the community level.
- Demonstrate how technical agendas and best practices in RH/FP are applied at the community level.
- Describe how PVO/NGO links with other sectors and other institutions help to promote sustainability through long-term partnerships and community-based health services in RH/FP.

More than 200 people attended the conference, including U.S.-based and country staff from Cooperating Agencies as well as representatives from the U.S. Agency for International Development and other donor agencies. Dr. E. Anne Peterson, Assistant Administrator of USAID's Bureau for Global Health opened the meeting, followed by Anne Wilson, Vice President of Program for Appropriate Technology in Health.

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<sup>1</sup> A Private Voluntary Organization (PVO) is a U.S.-based nongovernmental organization that is registered with USAID and works in partnership with USAID. USAID applies the term "Non-Governmental Organization" (NGO) to local, host country non-governmental organizations. Many NGOs are the local partners of U.S.-based PVOs. NGOs may have global networks. A Cooperating Agency (CA) is a U.S.-based organization or company that works with USAID, usually through cooperative agreements and contracts, to achieve results that contribute to USAID's performance goals.

## Lessons from PVO/NGO Programs

The three major themes of the conference presentations were:

- Applying lessons from **networking** to improve impacts in RH/FP programs;
- The **enabling** environment; and
- **Linking** among communities, the health and other sectors.

The following sections summarize the key lessons learned presented at the conference.

### Networking Lessons

Networks are voluntary associations through which institutions coordinate activities, which may include sharing and learning from each other's experiences, mobilizing human and financial resources, influencing public policy, and/or legitimizing member organizations in order to have a collective level impact in providing and expanding quality programs. Following are the major lessons about networking:

1. To foster sustainable networks, PVOs and NGOs must engage national institutions in participatory planning and set up management systems that foster development of successful collaborative relationships.
2. Building partnerships and forming networks have helped the larger PVOs to have an impact on RH/FP services.
3. Monitoring and evaluation formed a rallying point for fostering collaboration and shared identity among PVOs and NGOs.
4. Regular monitoring and evaluation enable NGOs to detect and change ineffective tactics.
5. When program staff evaluated their own programs, they gave an unbiased appraisal; the reliability of behavior indicators was 91 percent.
6. In Nicaragua, the value-added provided by the NicaSalud Network was the most important factor for producing RH behavior change.
7. At the PVO/NGO level, the best practice is to combine social capital and human capital; the elements depend on the intervention area.

### Enabling Environment Lessons

An enabling environment is one in which the contextual determinants (social, cultural, educational, economic, and political environment) promote women's decision-making about reproductive health. Women who are empowered to make RH decisions usually progress through four stages: (1) access to resources and services; (2) conscientization (awareness of women's reproductive rights and recognition of gender inequities); (3) participation in groups and civic activities; and (4) decision-making (responding to specific RH needs).

Lessons in promoting an enabling environment are:

1. Providing RH/FP information and services through community-based distributors is an acceptable, effective and sustainable approach. It may be the only mechanism for some hard-to-reach populations to obtain these services. Community workers are also effective in influencing social and cultural norms.
2. The time frame for institutionalizing an enabling environment could take 3, 5 or even 10 years.
3. Women's empowerment and gender equity must be explicitly promoted for RH/FP effectiveness.
4. Women's empowerment and ability to make informed and autonomous RH decisions are mutually supportive, morally necessary, and consistent with the worldwide mandate emanating from the 1994 International Conference on Population and Development (ICPD).

### **Linkages Lessons**

“Linking” is the process of cultivating partnerships with civil society, the health sector, and other organizations in the public and private sectors to support some aspect of reproductive health services, including community education. Forging partnerships entails sharing information on approaches, applying technical inputs as needed, field testing strategies and technologies, and forming consortiums.

Following are the major lessons learned about linkages:

1. Fostering linkages among civil society, the health sector, and other sectors helps to improve RH programming. PVOs should focus on linkages as well as the individual partners.
2. Models can be scaled up; it requires a variety of partners.
3. Making existing community structures functional has helped them hold the health sector accountable as well as meeting the community's other needs.
4. PVOs should build on the comparative advantages of different organizations.
5. Incorporating best practices has improved the design of RH/FP programs.
6. To ensure that projects are sustainable, phase-over plans need to be made at the outset of the project and not left to the end.
7. South-to-South collaboration can be effective in promoting programmatic change.

### **Recommendations to USAID from Conference Participants**

On the final day of the conference, participants formed nine discussion groups and formulated recommendations for USAID to adopt in planning and funding future programs in reproductive health and family planning. These recommendations built on the action plan issued in September 2002 by USAID's Office of Population and Reproductive Health in the Bureau of Global Health, entitled “Enhancing PVO and NGO

Partnerships in Family Planning and Reproductive Health.” Following are the participants’ collective recommendations.

### Continued Support of Private Voluntary Organizations

1. ***USAID should continue its support for PVOs*** because of their many strengths:
  - **Long-term relationships.** Many PVOs have developed close working relationships with local NGOs, communities, and district and national government agencies. They have demonstrated their ability to develop networks, partnerships and alliances and to bring in new players.
  - **Multisectoral and integrated approaches.** PVOs often deal with multiple sectors and use integrated approaches, which have enormous potential to enhance RH interventions.
  - **Reaching needy groups.** Unlike Cooperating Agencies (CAs), PVOs are based in and work in the most underserved areas, including those that are affected by conflicts or disasters.
  - **Effectiveness in advocating for policy changes.** PVOs are well respected and often seen as a neutral source of expertise and advice regarding health, education and other social development programs. PVOs can take results from the community-level and use them to advocate at the district and national levels. They can also help to strengthen local NGOs’ and civil societies’ capacity to advocate for policy that responds to local needs.
  - **Innovation.** PVOs have extensive experience making programs work in diverse settings while adding special features relevant to local conditions.
  - **Growing ability to scale-up quality RH interventions.** Because PVOs work in many geographic areas and development sectors, they can add RH services to many existing projects. Some PVOs now have the ability to scale-up quality RH interventions, but they need support to measure, study and document what they have done and can do.
2. ***USAID should build better coordination among CAs, PVOs and NGOs*** by incorporating coordination mechanisms into RFAs’ selection criteria, the fee structure of contracts, and other mechanisms. USAID should nurture collaboration between CAs and PVOs because they are mutually reinforcing.
3. ***USAID should set up a funding mechanism that can support multi-sectoral programs*** to capitalize on the added value of PVOs, which is that they often deal with multiple sectors. Such a mechanism could help address the underlying conditions that lead to poor health and well-being – dealing with the causes, not

just the symptoms. This requires time and resources for sustainable results. USAID should allow flexibility in the program, provided it does not deviate from its original objectives.

### **Strengthening PVO Technical Capacity**

1. ***USAID should continue support for capacity building of PVOs.*** This capacity building could be provided by an entity whose sole raison d'être is to provide TA to PVOs to build their capacity in monitoring and evaluation, family planning (FP), RH, and other areas, as the Child Survival Technical Support project does for PVOs involved in child survival and RH.
2. ***USAID should bring PVOs and NGOs into dialogs with USAID missions*** at the regional-level through SOTA courses and at regional PVO/NGO learning exchange meetings.

### **Monitoring and Evaluation**

1. ***USAID should provide more funding and technical support for monitoring and evaluation by PVOs and NGOs.*** PVOs need to strengthen their technical capacity in monitoring and evaluation (M&E) and impart those skills to their NGO partners. M&E can be used effectively as a point for collaboration between PVOs and NGOs.
2. ***USAID should identify and disseminate low-cost ways to evaluate NGO projects.*** The Demographic and Health Survey and other national surveys usually cannot be used as a baseline or endline surveys for community-level projects because they are designed to be representative only of national and large subnational and regional areas -- not of smaller geographic areas such as subregions or districts. Because of their geographic coverage and timing, many NGO projects require special evaluation designs. However, their project budgets are low; it is not practical to spend \$30,000 to evaluate a \$30,000 project. Suggested actions are:
  - USAID should support efforts to identify and then use “process indicators” as performance indicators for PVOs.
  - USAID should cluster related small projects and PVOs, and have a CA carry out standardized, coordinated formative and endline evaluations.
  - PVOs should build into projects a process for comprehensive needs assessment and situational analysis, which includes baseline and continuous or ongoing evaluation surveys. USAID should encourage and support oversampling in the DHS methodology that includes small areas

where PVO projects are targeted, and addition of special modules in critical RH program areas (such as women's empowerment).

- M&E and data collection for local management decision-making and program planning should be incorporated into projects at the beginning, including regular monitoring.
  - Evaluations should be both quantitative and qualitative.
  - PVOs should be supported to come up with indicators that track goals related to ICPD and Millennium Development goals.
3. ***USAID Missions should allocate adequate funds for M&E work and documentation*** in budgets for country programs. USAID/W needs to educate Mission staff on the importance of M&E for assessing project outcomes and identifying lessons to be applied to future projects.
  4. ***USAID should encourage CAs to seek out PVO and NGO project sites for evaluation research.*** Such sites can serve as operations research opportunities to pilot new approaches.
  5. ***USAID should study the processes that led to an improvement in health indicators*** in order to identify “successful processes” and invest in them.

### Scaling-up

1. ***USAID should encourage PVOs to scale-up their successful program models.*** Scaling up may entail building on existing structures (for example, dairy cooperatives and faith-based organizations), introducing new technologies, and leveraging change through advocacy and networking.
2. ***USAID should encourage its grantees to understand the situation of youth*** as a separate group and not import adult program models.
3. ***USAID should support PVOs to encourage local governments to take responsibility for the scaling-up of successful program models,*** with PVOs providing technical and capacity-building support in the process.

### Supporting Local Non-Governmental Organizations

1. ***USAID should continue to work through local NGOs.*** They are culturally attuned, sustainable, and able to link government agencies to local communities. Often NGOs can introduce interventions that governments cannot, for political, economic or cultural reasons, such as incorporating gender or safe motherhood

into programs. NGOs are effective in influencing policy because they have the backing of many community-based organizations as well as community members. NGOs often have global networks and can apply innovations from other countries to their local setting. Following are some areas of NGO work that can be strengthened:

- M&E capacity should be built in local partner agencies/communities. NGOs need to learn how to use M&E data in management decision-making so that programs are continually improved.
  - Many NGOs and community organizations could benefit from training and technical assistance to address gender inequity.
  - NGOs should use Participatory Learning and Action (PLA) to build partnerships in the design, implementation and monitoring of project activities to foster sustainability.
2. ***USAID should provide long-term support to networks of local NGOs.*** These groups offer many benefits, including extending services over a wider area, introducing new practices and technologies, and advocating for changes in public policies and health protocols. Participatory methods such as PLA and operations research can be used to measure the “added value” of a network.
  3. ***USAID should encourage PVOs and NGOs to form partnerships*** with health agencies and with public and private agencies in other sectors such as water, food security, poverty alleviation and labor. Partnerships need time to develop, although they can be held accountable for short-term results (as measured by process indicators). Partnerships benefit from detailed agreements at the outset, specifying each agency’s contribution and responsibilities.
  4. In collaboration with other donors such as the World Bank, United Nations Development Programme and Department for International Development (DFID), ***USAID should mobilize additional resources to supplement USAID Mission funding*** in order to achieve more payoff on its investment and provide continued support for PVOs and NGOs.

### **Information-sharing**

1. ***USAID should set-up Advisory Groups to guide “Shared Learning Agendas.”*** These groups should include USAID, CORE, CAs and PVOs. USAID should encourage admission of lessons learned that embrace errors.
2. ***USAID should collect reports of conferences*** such as this one and make them available on a common website so that the field has access to “best practices.”
3. ***USAID should support investigations into the root cause*** (not the symptoms) of poor health conditions and lack of enabling environment by balancing support for



DHS, applied and operations research methods, and conferences on evidence-based results.

## **Response from USAID**

Margaret Neuse, Director of USAID's Office of Population and Reproductive Health, thanked the conference organizers for a successful, thought-provoking meeting. She stressed the unique and important role that PVOs and NGOs play in providing RH services, especially for hard-to-reach groups. Community-based distribution is important in most of the countries where USAID works. NGOs are effective in working at the community level and linking RH to other sectors.

Ms. Neuse said that USAID will continue its partnership with PVOs through the PVO/NGO Flexible Fund. Primarily Mission-supported, the Flexible Fund is designed to enhance the state of the art of community-level RH programs. She encouraged PVOs to continue to share their program ideas with USAID/Washington and Missions.

Consistent with the conference participants' recommendations, she also encouraged PVOs to:

- Continue to upgrade and scale-up reproductive health services;
- Involve NGO partners in monitoring and evaluation work;
- Assist NGO partners in attaining programmatic and institutional sustainability;
- Give continued emphasis to empowerment of women; and
- Share learning and exchange information widely, among PVOs and NGOs, across sectors, and South to South.

"We are open to your ideas. We can help you to extend your reach," she remarked.

## **Conference Evaluation**

Of the 24 participants who completed evaluation forms, 22 participants rated the three sessions with presentations as either "good" or "strong." Most respondents said that they would like to learn more about PVO/NGO programs. The topics of greatest interest were: fostering sustainability of programs; scaling up; designing effective monitoring and evaluation plans; transferring M&E skills; improving networking between NGOs, the MOH and the community; accessing best practices; and identifying the best/easiest/most successful field-based NGOs to work with. Respondents suggested that the three projects put information on their websites and continue to share lessons learned.

## Appendix 1: Project Summaries

### CARE - Management of Reproductive Risk project (CARE-MoRR)



The CARE-Management of Reproductive Risk (CARE-MoRR) project is a five-year project (1998-2003) which contributes to USAID's PVO Results Package. Through CARE-MoRR, CARE aims to contribute to household and health security by empowering people to achieve their reproductive intentions and to improve their reproductive health.

The CARE-MoRR Project has four specific goals.

1. Empower at least five million women and their families in ten countries with the information, skills and services to manage risks to reproductive and newborn health.
2. Empower targeted communities to be effective and informed consumers of and advocates for reproductive and newborn health services.
3. Increase the capacity of targeted, indigenous institutions (public, non-governmental, community-based and private, for-profit) and small to moderate international PVOs to deliver high quality, sustainable reproductive and newborn health services.
4. Significantly increase the technical and managerial sustainability of CARE's family planning and reproductive health program.

The CARE-MoRR project has been implemented in nine countries.

COUNTRY	PROJECT TITLE	COMPONENTS
Benin	Strengthening Health NGOs in Benin (SHNB)	FP/STI/HIV
Bolivia	Our Bodies, Our Health	FP/MH/STI
Ghana	Wassa West Reproductive Health Project (WWRH)	FP/STI/HIV
Ghana	Ashanti Region Community Health Project (ARCH)	FP/STI/HIV
Haiti	Reproductive Health 2001	FP/MH/STI/HIV
Haiti	Care & Support for People Living with HIV/AIDS	STI/HIV
India	Integrated Nutrition and Health Project II (INHP II)	FP/MH
India	CHAYAN	FP/STI/HIV
India	Improving Women's Reproductive Health and Family Spacing	FP/MH/STI/HIV
Nepal	Remote Areas: Family Planning and Health	FP/MH/STI/HIV

Peru	Multi-Sectoral Population Project	FP/MH/STI/HIV
Uganda	CREHP – Community Reproductive Health II	FP/MH/STI/HIV
West Bank/Gaza	Pilot Health Project	FP/MH

The project strategy is based on the delivery of quality information and services to underserved populations, through partnerships with public and private institutions, other private voluntary organizations (PVOs) and non-governmental organizations (NGOs). The project's primary areas of technical intervention are family planning (FP), maternal health (MH), newborn care, and sexually transmitted infections (STIs) including the human immunodeficiency virus (HIV), and acquired immune deficiency syndrome (AIDS). Crosscutting themes include behavior change, community empowerment, institutional capacity building, quality of care, and advocacy. In selected contexts, other reproductive health issues, such as cervical cancer and female genital cutting, are also addressed.

### **The Household Livelihood Security Framework**

CARE is engaged in broad-based efforts to reduce poverty through programs in agriculture, natural resource management, micro and small enterprise development, basic education, food and nutrition, reproductive and child health and emergency relief. These diverse efforts are unified through the Household Livelihood Security (HCLS) Framework, which is the organizing construct for CARE's programming. Household livelihood security is defined as adequate and sustainable access to income and other resources required for households to meet their basic needs, including food, water, health, shelter, education and participation in civil society.

Health, including reproductive health, is both a cause and consequence of the social and economic circumstances of individuals and households. CARE's current health programming is guided by the Health Security Framework. The Health Security Framework reinforces the role of health, particularly reproductive health, within the household, in CARE's Household Livelihood Security strategy. Health security is defined as follows:

*Health security is achieved when households identify, prevent and manage significant risks to the health of their members through healthy behaviors, empowered communities, capable institutions, optimal health technologies and appropriate public policies.*

The reproductive health activities of CARE will continue after CARE-MoRR. The portfolio currently includes 58 projects in 26 countries.



### **Enabling Change for Women's Reproductive Health: Overview of the ENABLE Project**

CEDPA's Enabling Change for Women's Reproductive Health (ENABLE) project works to improve women's reproductive health and to empower women to take action to better the health of their family and community. Initiated in 1998, ENABLE has two major objectives:

- To increase the capacity of non-governmental organizations (NGOs) networks to expand the quality, gender-sensitivity, and sustainable reproductive health and child health services.
- To promote an enabling environment that strengthens women's informed and autonomous reproductive health decisionmaking through NGO networks.

ENABLE is funded by the Office of Population and Reproductive Health, Bureau for Global Health, U.S. Agency for International Development (USAID) and by USAID Missions in five countries—Ghana, India, Nepal, Nigeria and Senegal.

ENABLE supports three major types of interventions:

- **RH services.** ENABLE makes RH services more widely available in under-served low-income areas by engaging trained community volunteers to educate their neighbors about RH, provide non-clinical contraceptive methods, and make referrals to clinic services. From 1998-2001, ENABLE partner agencies provided family planning services to more than 910,000 new clients and 690,000 continuing clients.
- **Community mobilization.** ENABLE works with NGOs, women's groups and community groups to educate communities about healthy behaviors and promote public discussion about RH. Broader discussion has led to problem-solving dialogues among community members and local leaders. Community members have also addressed social norms and cultural traditions that contribute to poor health.
- **Policy advocacy.** Partner agencies identify barriers to improved RH at the local, state and national levels and press for policy changes such as increased funding for health services and education, updating health service delivery guidelines, and

banning harmful cultural practices. ENABLE has provided training for some 10,500 elected officials in India and Nigeria.

ENABLE subprojects focus on family planning, safe motherhood, HIV/AIDS prevention, gender equity, and youth education. Working mainly with NGOs, ENABLE has created linkages with non-health sectors such as literacy education and democracy and governance.

ENABLE has introduced family planning services into the work of diverse partners, including humanitarian, faith-based, women's and youth organizations as well as dairy cooperatives and a teachers' union. To ensure that program benefits continue after project funding has ended, ENABLE has emphasized building the capacity of partner agencies. ENABLE has trained more than 6,000 NGO staff in strategies to promote programmatic, institutional and financial sustainability. Based on its extensive training experience, ENABLE has developed training manuals for NGOs and community groups on RH awareness, program sustainability, and integrating HIV/AIDS into family planning programs.

Headquartered in Washington, DC, CEDPA is an international nonprofit organization that seeks to empower women at all levels of society to be full partners in development. Founded in 1975, CEDPA supports programs and training in leadership, capacity building, advocacy, governance and civil society, youth participation and reproductive health.

The ENABLE project was conducted with support from the Office of Population and Reproductive Health, Bureau for Global Health, U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT and by USAID Missions in Ghana, India, Nepal, Nigeria and Senegal, under the terms of Cooperative Agreement No. HRN-A-00-98-00009-00.



### Description

NGO Networks for Health (*Networks*) is an innovative five-year global health project created to meet the burgeoning need for family planning, reproductive health, child survival, and HIV/AIDs (FP/RH/CS/HIV) information and services in developing countries.

**Title** NGO Networks for Health

**Period** March 5, 1998 – August 4, 2003

### Description of Partnership

Five PVO Partners -- ADRA, CARE, PATH, Plan International, and Save the Children -- are collaborating to implement the *Networks* project. *Networks'* main goal is to increase the ability of our Partners to integrate quality FP/RH/CS/HIV activities into their programming. *Networks* pursues its goal by creating innovative and enduring NGO partnerships and fostering and supporting networks that enhance the scale and quality of FP/RH/CS/HIV programs.

### Main Goal

Increase the ability of our Partners to integrate quality FP/RH/CS/HIV activities into their programming

### Objectives

*Networks* is working to achieve four results: (1) sustained PVO/NGO capacity to provide quality services in family planning, reproductive health, child survival, and HIV/AIDS; (2) accurate knowledge and sustained behavior change at the community level; (3) expanded, sustained networks that deliver reproductive health services; and (4) expanded service coverage through public/private and private/private partnerships. Since *Networks* was established in June 1998, it has created an effective mechanism to improve FP/RH/CS/HIV information and services in targeted developing countries.

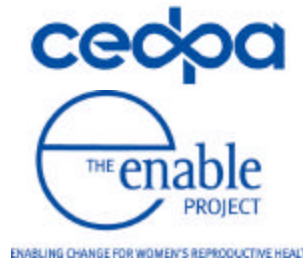
### Countries where Networks has Worked

Armenia, Bolivia, Cambodia, Ethiopia, Ghana, Guinea, Malawi, Nepal, Nicaragua, Tajikistan, Uganda, Vietnam

### Total Invested

USAID contribution	\$40,000,000.00
Match	\$10,000,000.00
Total	\$50,000,000.00

## Appendix 2: Agenda



### NGO NETWORKS, CARE-MORR AND ENABLE PVO/NGO CONTRIBUTIONS TO RH/FP PROGRAMS: END OF PROJECT CONFERENCE

JANUARY 22-23, 2003

#### DAY ONE

- 0800 – 0830 **Meet and Greet Your Friends and Colleagues at the National Press Club**
- 0830 – 0900 **WELCOME: USAID Welcomes the Participants**  
*E. Anne Peterson, MD, MPH*  
*Assistant Administrator, Bureau for Global Health (AA/GH)*
- 0900 – 0915 **INTRODUCTIONS: Who's in the Audience?**
- 0915 – 0930 **OVERVIEW OF AGENDA AND ANNOUNCEMENTS**
- 0930 – 0945 **INTRODUCTION TO THE WORKSHOP: PVO/NGO Contributions to Reproductive Health and Family Planning**  
*Anne Wilson, M.S.N.*  
*Vice President, PATH*

0945 – 1245 **SESSION ONE: Applying Lessons learned from Networking to Improve Impacts in RH/FP Programs** (Session coordinated by NGO Networks for Health)

Introduction

- Our Networks – Slide Show
- *Session Introduction*  
Joe Valadez, Senior Monitoring and Evaluation Advisor

Did PVO Partners Change as Organizations due to the Project?

- *RH/FP Program Changes among PVO Networks Partners*  
Gary Shaye, Vice President, International Programs, Save the Children

Can International Agencies Strengthen Sustainable National RH/FP Networks?

- *Learning to Foster Effective & Sustainable Networks for Social Development*  
Dr. Darcy Ashman, Network Consultant

➤ **Q & A**

Have These Networks Had an Impact on Knowledge and Behavior?

- *Advances to LQAS as a Strategy for Change*  
Joe Valadez, Senior Monitoring and Evaluation Advisor  
Fernando Campos, Monitoring and Evaluation Officer, NicaSalud  
Allan Hruska, Director, NicaSalud
- *NicaSalud: Recovery from Hurricane Mitch: Safe Motherhood and Infectious Diseases*  
Joe Valadez, Senior Monitoring and Evaluation Advisor
- *Umoyo Network: HIV/AIDS Control and Enhancement of FP Method Provision and Use*  
Joe Valadez, Senior Monitoring and Evaluation Advisor  
Carrie Osborne, Program Manager, Umoyo Network

➤ **Q & A**

How Much Change is a Consequence of PVO/NGO Interventions? How Much Change is a Consequence of Network Interventions?

- *A Model for Programs and Network Evaluations*  
Joe Valadez, Senior Monitoring and Evaluation Advisor  
Professor Jerry Hage, Director, Center for Innovation, University of Maryland



➤ **Q & A**

Summary/Conclusion: Future Issues for PVO/NGO Networks

Trish Caffrey, Director, NGO Networks

Tom Leonhardt, Conference Facilitator

**Break at approximately 10:30 – Materials Room opens**

1245 – 1400 **LUNCH: Affinity Tables (discuss topics with interested colleagues) and Visit Materials Room**

1400 – 1700 **SESSION TWO: The Enabling Environment** (Session coordinated by the ENABLE Project)

Introduction

- *The Road to the Optimal Enabling Environment*  
Dr. Victoria Wells, Director, ENABLE

Empowered Advocates Support an Enabling Environment for RH/FP Decision- Making

- *Giving a Voice to Women: The CEDPA Democracy and Governance Program in Nigeria*  
Rose Khasiala Amolo, Program Associate, CEDPA/Washington DC
- *CARE Ghana's Approach to Community Participation in RH Programming*  
Samuel Duh, Health Sector Coordinator, CARE Gulf of Guinea

➤ **Q & A**

PVO/NGOs Educate and Mobilize Communities for Improved RH/FP Outcomes

- *Transforming Women For RH: A Force For Change Through Communication Action Groups*  
Deepak Bajracharya, Deputy Director CEDPA/Nepal
- *The Birth Preparedness Strategy in the Quang Xuong District in Vietnam: Progress and Challenges*  
Nguyen Hoang Yen, Senior Project Officer, PATH Vietnam
- *Community Role: Reducing Barriers to Safe Motherhood, Amasachina: Tamale, Ghana and CASP: New Delhi, India*  
Abimbola (Lola) Payne, Senior Advisor for Reproductive Health, CEDPA/Nigeria

- *Building Community Partnerships for Safer Motherhood through Home Based Life Saving Skills (HBLSS) in Liben Woreda, Oromiya Region of Ethiopia*  
Nazo Kureshy, Behavior Change and Research Advisor, NGO Networks

➤ **Q & A**

Summary/Conclusion: Future Issues for PVOs/NGOs

Peg Marshall, Senior Advisor, Reproductive Health,  
ENABLE/CEDPA  
Tom Leonhardt, Conference Facilitator

## DAY TWO

0830 – 0900 **Meet and Greet at the National Press Club**

0900 – 0915 **Summary of Day One**

0915 – 1215 **SESSION THREE: Linking Among Communities, the Health and Other Sectors** (Session coordinated by CARE-MoRR)

Introduction

***Susan Rae Ross, Director, CARE-MoRR***

Linkages Between Civil Society and the Health System Improve Quality,  
Foster Accountability and Enhance Ownership of RH/FP Services

- *Learning from the Multi-Sectoral Population Project in Peru*  
Dr. Carlos Cardenas, Country Director, CARE Peru
- *Sangini – Promoting Linkages for Reproductive Health in India*  
Dr. Panwar Dharmender, Project Manager, CARE India
- *Linking Communities, Facilities and District Supervisory Structures in Integrated RH Service Delivery: The CREHP Project*  
Susan Igras, Senior Technical Advisor, CARE-MoRR
- **Q & A**

Linkages Among Civil Society, the Health and Other Sectors are Key to  
FP/RH Service Delivery

- *NGO Networks, Youth Sexual and Reproductive Health in Asia*  
Satish Pandey, ADRA Asia Regional Advisor
- *CEDPA, Increased Contraceptive Use Through Scaling Up Dairy Cooperative Services in Uttar Pradesh*  
Dr. Marta Levitt-Dayal, Country Director, CEDPA/India

- *CEDPA, Working with Faith-Based Organizations: Church of Christ in Nigeria*  
Dr. Paulina Makinwa-Adebusoye, Country Director, CEDPA/Nigeria
- *Q & A*

Summary/Conclusion: Future Issues for PVOs/NGOs

Susan Rae Ross, Director, CARE-MoRR

Tom Leonhardt, Conference Facilitator

1215 – 1330 **LUNCH: Affinity Tables and Visit Materials Room**

1330 – 1500 **SESSION FOUR: Future Directions for the PVO/NGO Community**

- *An Opportunity to Help Guide the Future Programming for PVO/NGO Contributions to RH and FP*

1500 – 1530 **Break – Last Chance to Visit the Materials Room**

1530 – 1630 **Summary and Final Remarks**

Tom Leonhardt, Conference Facilitator

Margaret Neuse, Director, Office of Population and Reproductive Health

Cover Photo Credit: White Ribbon Alliance for Safe Motherhood

**Sponsored by:**



### Appendix 3: List of Registered Participants

Last name	First name	Organization	Email
Feinberg	Rita		ritaf@erols.com
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